

**EXHIBIT F**

**EXHIBIT 1**

February 7, 2017

Amy L. Nguyen  
Struck Wieneke & Love  
3100 West Ray Road, Suite 300  
Chandler, Arizona 85226

Re: *Ferreira, et al. v. Arpaio, et al.*  
United States District Court, District of Arizona  
Cause No. 2:15-cv-01845-JAT

Dear Attorney Nguyen:

This report is made pursuant to your request for an independent forensic and correctional psychiatric review of the Maricopa County's jail health care programs and system, including medical and mental, correctional health and other records such as staff training programs at the 4<sup>th</sup> Avenue Jail, and the establishment and implementation of policies, procedures, and protocols that governed the pre-screening, processing, supervision, handling, medical treatment, psychiatric treatment, and the management of the inmates and pre-trial detainees in the custody of the Maricopa County Sheriff's Office (MCSO). I also conducted a focused review regarding the correctional medical and mental health evaluation and treatment services rendered by your client, the Maricopa County Sheriff and other named defendants from the Maricopa County Jail, to Zachary Daughtry ("Inmate Daughtry") and Ryan David Bates ("Inmate Bates"), both county jail inmates at the Maricopa County Jail, Phoenix Arizona, in June and July 2014 prior to Bates' assault of his cellmate, Zachary Daughtry ("Inmate Daughtry"), on July 9, 2014 at approximately 2158 hours that resulted in his death.

I was asked to provide an emphasis on the psychiatric and/or medical care, treatment, violence and homicide risk factors and then offer an opinion regarding the appropriateness of the correctional based mental health care and placement of Ryan David Bates and Zachary Daughtry, whether Mr. Bates' assaultive act on Mr. Daughtry was foreseeable, whether the use of psychotropic medications, other mental health treatment, additional services in an alternate treatment setting, or alternate housing would have prevented Bates from engaging in this violent act, and whether there was any deviation from the standard of care or deliberate indifference with respect to Mr. Bates' and Mr. Daughtry's serious mental health needs, the following evaluation was conducted.

My current curriculum vitae that includes a list of all my publications is attached hereto as Exhibit "A." My list of all cases I have testified at trial or in deposition is attached hereto as Exhibit "B" and my fee schedule is attached hereto as Exhibit "C." Although I

# EXHIBIT C

**RE: Client Name/Case**

I. Fee schedule for providing expert services to your firm with reference to the above name matter:

- (A) Review of depositions, records, report, or other data.....400.00 pr/hr
- (B) Conference with attorney or others as required.....400.00 pr/hr
- (C) Psychiatric consultation with written report.....400.00 pr/hr
- (D) Research.....400.00 pr/hr
- (E) Deposition – testimony.....800.00 pr/hr
- (F) Testimony in court.....800.00 pr/hr

II. Billing for out-of-town cases will be \$3200.00 for a minimum of 4 hours and \$6400.00 for 8 hours per day, and will include any/all travel time. Any additional time will be billed at \$800.00 per hour. Travel expenses, meals and accommodations will be computed at actual rate.

III. It is hereby specifically agreed that payment of all fees and expenses as outlined herein are the full responsibility of the undersigned attorney and firm of which he/she may be a member, and payment is not contingent on any verdict or settlement of the above captioned matter.

IV. It is also specifically agreed that the undersigned attorney and firm will be responsible for securing funds in advance for depositions (and not subsequent to the deposition).

V. A retainer amount of \$4,000.00 payable to “Joseph V Penn MD” is due before starting any work in this matter. Dr. Penn will submit invoices periodically and will notify the undersigned attorney/firm if an additional retainer amount is necessary.

VI. Please sign one copy of this agreement and return to this office. The original is for your records.

Joseph V. Penn, MD CCHP FAPA

Agreed & Accepted by

\_\_\_\_\_  
Attorney for firm

\_\_\_\_\_  
Name of law firm

Date\_\_\_\_\_

